	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
HCA-0016		HCA-0016			03/01/2016		
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, S	STATE, ZIP CODE			
HIBON	C ENTERDRISES INC	, 5101 WIS	CONSIN AVE	E NW			
AUKSING	G ENTERPRISES, INC	WASHING	GTON, DC 20	0016			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE		
H 000	INITIAL COMMENTS		H 000	Decement 4			
	Intermediate Care I initiated the agency was aborted on Feb	116, the Department of Health, Facilities Division (DOH/ ICFD) 's annual survey. The survey oruary 22, 2016 at 11:30 a.m. not having any active patients.		on On			
	interview with the fa stated the agency was a home care age was discharged from On March 1, 2016,	16 at 11:01 a.m., during an acility's administrator, he/she vished to continue operating ency. However each patient m home care services. per the surveyor's request, the list of each discharged patient					
	3909.2 DISCHARG REFERRALS	ES TRANSFERS &	H 227				
	discharge or referra calendar days prior day written notice sl	eceive written notice of all no less than seven (7) to the action. The seven (7) hall not be required, and orall at any time, if the transfer, e is the result of:		The administrator will rem staff meeting to be sched agency has resumed ope patients being discharged given a written notice of p discharge the patient at leadvance to comply with 3	uled when the ration that all I must be plans to east 7 days in	4/5/16 and ongoi	
	Based on interview failed to ensure that	met as evidenced by: and record review, the facility each patient received written arge at least seven (7)		Medicare patients must be Form 10123 no later than discharge from all Medica to comply with .42CFR 40 and 42 CFR 422.624 (b)(2 days before are services 05.1200(b)(1)		
	calendar days prior of the forty nine (49) (Patients #1, #2, #3, #11, #12, #13, #14,	to the action for forty one (41) discharged patients. , #4, #5, #6, #7, #8, #9, #10, #15, #16, #17, #18, #19, #20,		To prevent recurrence of the Administrator will dire of 100% of discharged pa ongoing basis to obtain 10	ct the review	and ongoir	
DRATORY	ation & Licensing Administ DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	Administrator	2	x8) DATE	

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING HCA-0016 03/01/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC** WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 227 Continued From page 1 H 227 Review will continue to ensure continued #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, 100% compliance. #31, #32, #33, #34, #35, #36,, #37, #38, #39, #40 and #41) The results of this monitoring will be 4/30/16 provided in the quarterly quality review and The findings include: report presented to the Professional ongoing Advisory Committee by the Administrator. On February 23, 2016 at 3:11 p.m., the agency's administrator emailed a list of the agency's discharged patients and their corresponding discharge summary forms. Review of the discharge records for Patients #1 - #41 failed to document that the patients were notified of their pending discharge. On February 23, 2016 at 3:52 p.m., interview with the agency's office clerk revealed that all discharge records were included in the sent email to the surveyor. The clerk also stated that no other correspondence to the patients was sent. On February 25, 2016 at 9:40 a.m., during a telephone interview with the offfice clerk, the surveyor requested that the agency submit all plans of care and any physician orders for discharge to DOH/ICFD. On March 1, 2016, at approximately 8:50 a.m., the requested plans of care and physician orders were received and reviewed. Review of the discharged patients' records failed to document that each patient received at least seven days notification prior to discharge.

Health Regulation & Licensing Administration

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